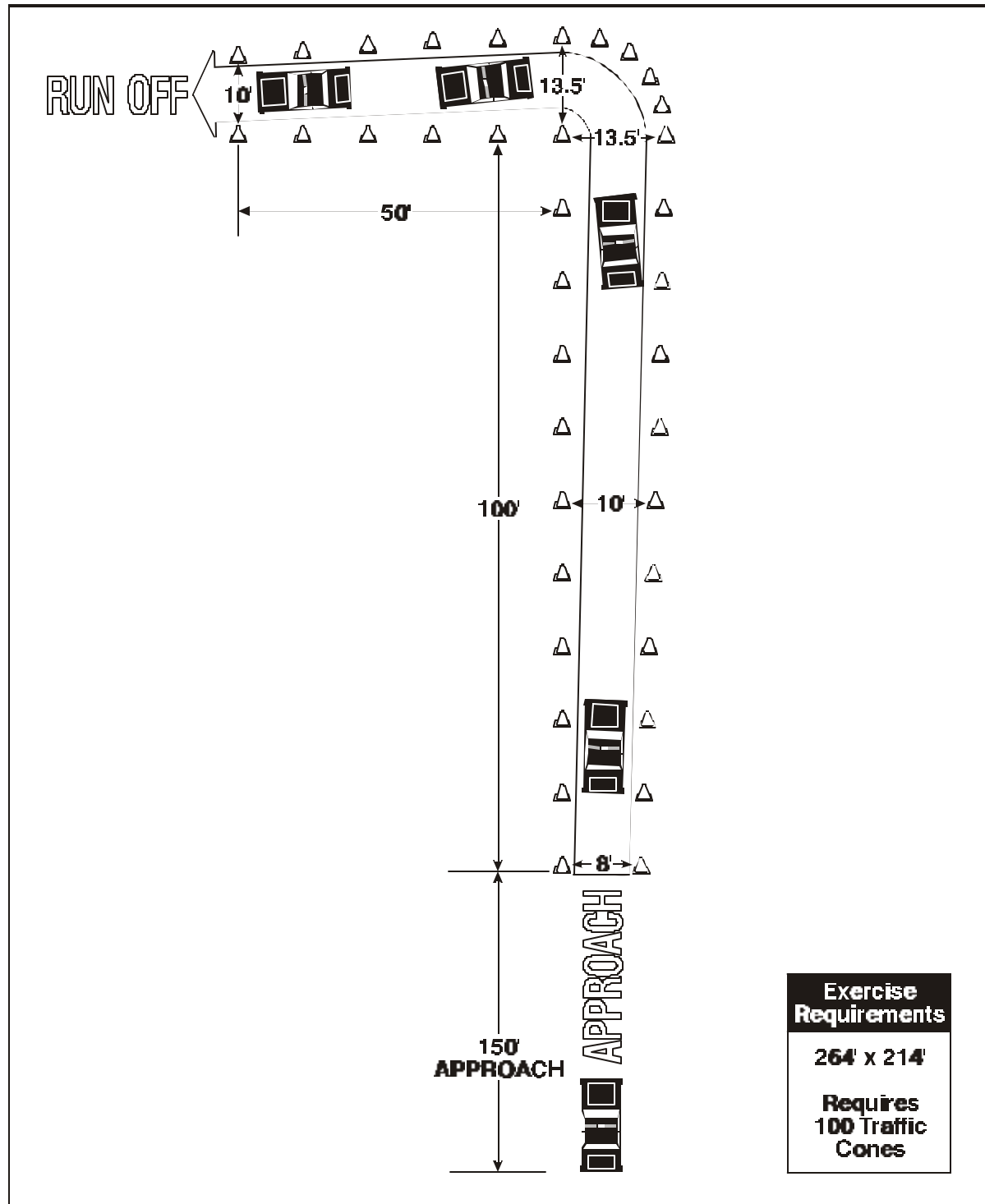

Turning Exercises

- 90 Degree –
Straight Line Braking
 - Right-Side Road Turn
 - Left-Side Road Turn
 - U-Turn
 - Y-Turn
-

90 Turning - Straight Line Braking



90 Degree Turn with Straight Line Braking

Purpose:

To make the driver cognizant of personal and vehicle limitations and combine braking and steering skills.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Negotiates the course smoothly.
5. Keeps steering movements constant and even.
6. Maintains 9-3 hand position.
7. Uses palm position for backing.
8. Turns around and looks back
9. Maintains constant speed throughout the course.
10. Passes closely to the cones.
11. Exits the course at the direction of the instructor.
12. Increases speed for subsequent practices at the direction of the instructor.

90 Degree Turn with Straight Line Braking

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

| | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Entered course correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Maintained required speed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 9-3 hand position (Going Forward) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Controlled acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Steering control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Accelerator, steering coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Smooth acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Foot movement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Use of brakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Signaled intention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Checked mirror | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Turned head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of cones hit _____

Reaction time was adequate. ☐ YES ☐ NO

Vehicle remained under control at all time. ☐ YES ☐ NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. ☐ YES ☐ NO

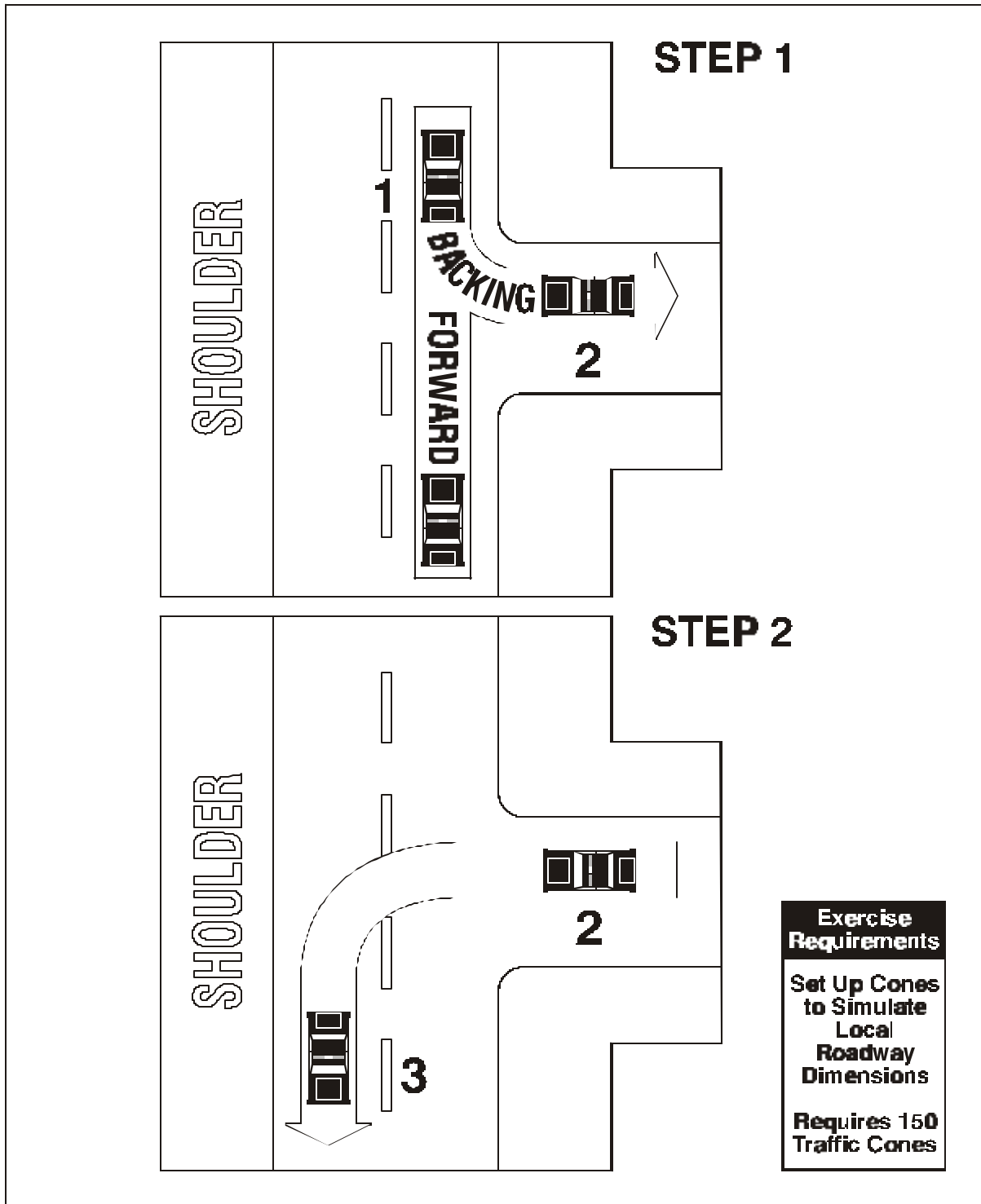
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

Right-Side Road Turn



Right Side Road Turn

Purpose:

To develop the skill of coordinating turning, braking, signaling, and making traffic observations.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Selects side road, checks rear traffic, and signals for a turn at least 100 feet in advance.
5. Keeps close to the right edge of road and brings vehicle to a stop approximately 10 feet past the side road.
6. Allows traffic from the rear to pass.
7. Looks over the right shoulder and rechecks traffic.
8. Backs into the side road on the right
9. Checks traffic in both directions, signals for left turn and re-enters the roadway.
10. Should be completed in 13 to 18 seconds.
11. Negotiates the course smoothly.
12. Keeps steering movements constant and even.
13. Maintains 9-3 hand position.
14. Exits the course at the direction of the instructor.
15. Increases speed for subsequent practices at the direction of the instructor.

Right Side Road Turn

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

| | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Entered course correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Maintained required speed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 9-3 hand position (Going Forward) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Controlled acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Steering control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Accelerator, steering coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Smooth acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Foot movement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Use of brakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Signaled intention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Checked mirror | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Turned head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of cones hit _____

Reaction time was adequate. ☐ YES ☐ NO

Vehicle remained under control at all time. ☐ YES ☐ NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. ☐ YES ☐ NO

General Remarks:

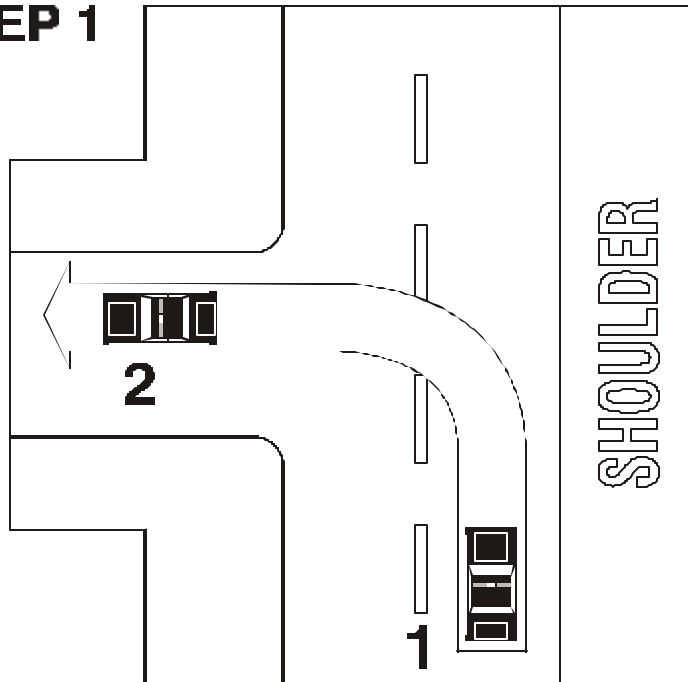
Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

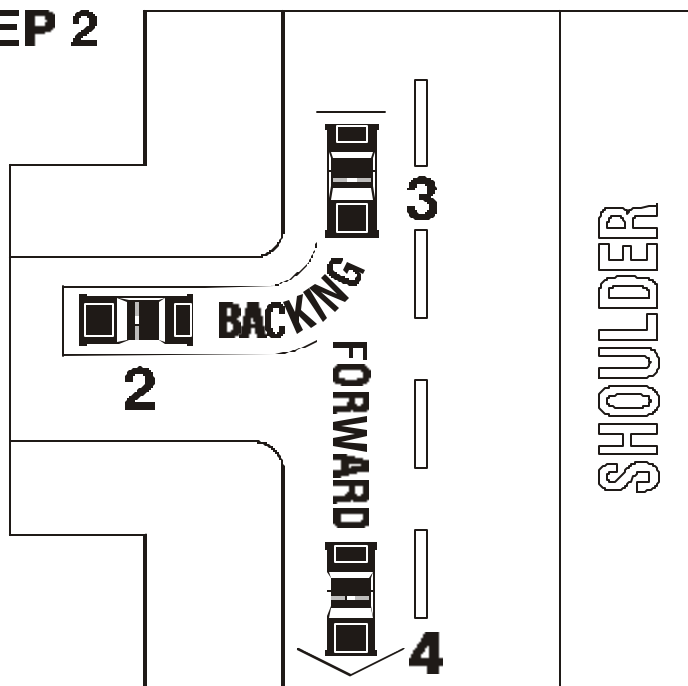
Student's Signature _____ Date _____

Left-Side Road Turn

STEP 1



STEP 2



Exercise Requirements

Set Up Cones to Simulate Local Roadway Dimensions

Requires 150 Traffic Cones

Left Side Road Turn

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Selects side road, checks rear traffic, and signals for a turn at least 100 feet in advance.
5. Keeps to the right of the center line and stops approximately 20 feet from roadway.
6. Looks over right shoulder and backs to the edge of the shoulder, pauses to check for traffic.
7. Checks traffic and proceeds ahead.
8. Should be completed in 13 to 18 seconds.
9. Negotiates the course smoothly.
10. Keeps steering movements constant and even.
11. Maintains 9-3 hand position.
12. Exits the course at the direction of the instructor.
13. Increases speed for subsequent practices at the direction of the instructor.

Left Side Road Turn

Procedure:

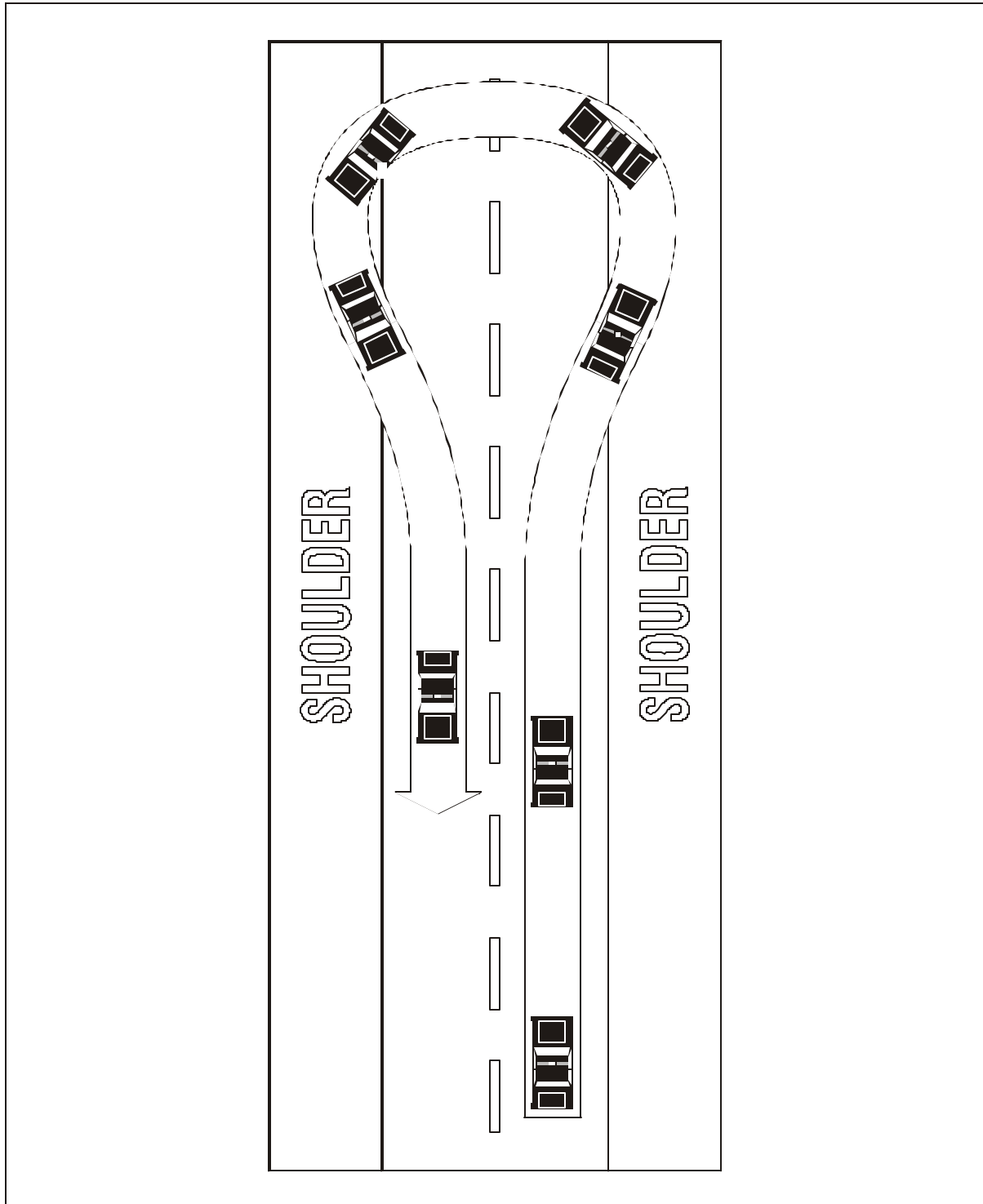
Instructor

- Explains **purpose of exercise** and **key factors of the exercise**.
- Demonstrates exercise at **moderate speed**.
- Demonstrates exercise at **required speed**.

Student

1. Wears **duty leather goods**.
2. Assumes **proper driving position**; seat, mirrors, seat belt.
3. Enters course at **speed determined by instructor**.
4. Selects **side road**, checks **rear traffic**, and signals for a turn at least **100 feet in advance**.
5. Keeps to the **right of the center line** and stops **approximately 20 feet from roadway**.
6. Looks over **right shoulder** and **backs to the edge of the shoulder**, **pauses to check for traffic**.
7. Checks traffic and **proceeds ahead**.
8. Should be completed in **13 to 18 seconds**.
9. Negotiates the course **smoothly**.
10. Keeps steering movements **constant and even**.
11. Maintains **9-3 hand position**.
12. Exits the course at the **direction of the instructor**.
13. Increases **speed for subsequent practices** at the **direction of the instructor**.

U-Turn



U-Turn

Purpose:

To develop the coordination of acceleration, turning, judgment of road width, and signaling.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Signals for a right turn at least 100 feet in advance.
5. Turns onto the right shoulder, and steers sharply to the left.
6. Pauses momentarily to check for oncoming traffic.
7. Follows through with the counter-clockwise turn.
8. With practice, should be completed in 10 to 14 seconds.
9. Avoids situations with considerable cross traffic or pedestrians.
10. Considerably safer when a minimum number of traffic lanes are crossed.
11. Negotiates the course smoothly.
12. Keeps steering movements constant and even.
13. Maintains 9-3 hand position.
14. Exits the course at the direction of the instructor.
15. Increases speed for subsequent practices at the direction of the instructor.

U-Turn

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

| | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Entered course correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Maintained required speed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 9-3 hand position (Going Forward) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Controlled acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Steering control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Accelerator, steering coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Smooth acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Foot movement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Use of brakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Signaled intention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Checked mirror | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Turned head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of cones hit _____

Reaction time was adequate. ☐ YES ☐ NO

Vehicle remained under control at all time. ☐ YES ☐ NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. ☐ YES ☐ NO

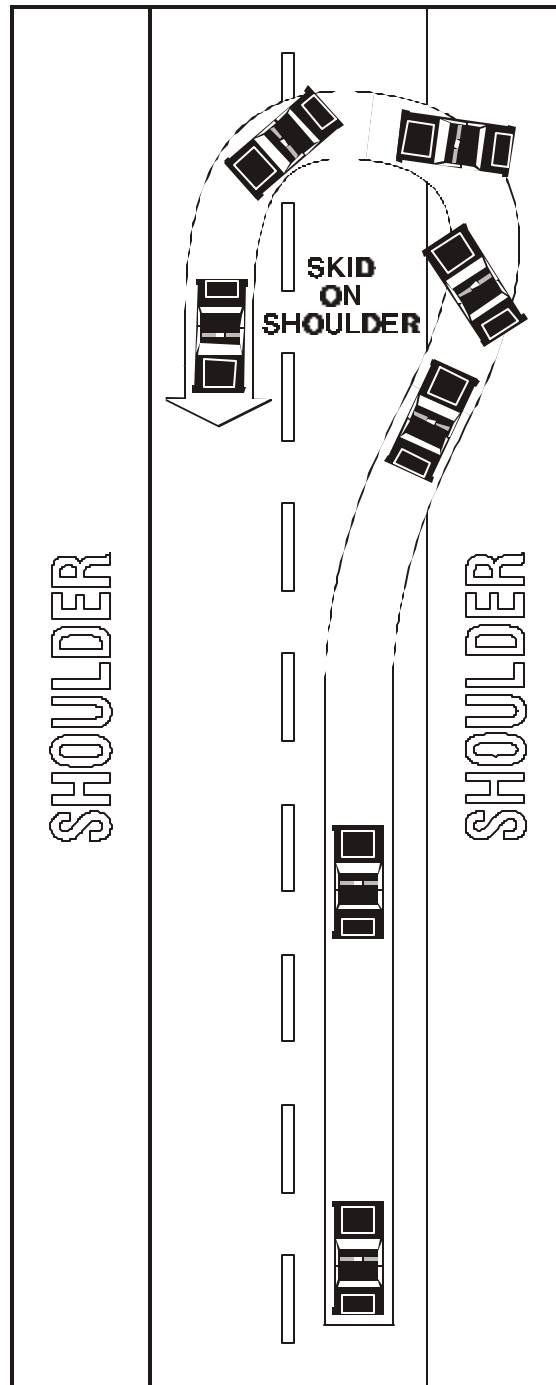
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

U-Turn



U-Turn

Purpose:

To develop the coordination of acceleration, turning, judgment of road width, and signaling.

This exercise can not be used with a front wheel drive vehicle.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Must have all four wheels off of the pavement.
5. Vehicle should come to a stop momentarily.
6. Front wheels should be turned as far left as possible.
7. Accelerates vehicle until the rear end slides around to required position.
8. Should be used if an immediate response is required.
9. Completes in 5 to 8 seconds.
10. Negotiates the course smoothly.
11. Keeps steering movements constant and even.
12. Maintains 9-3 hand position.
13. Exits the course at the direction of the instructor.
14. Increases speed for subsequent practices at the direction of the instructor.

U-Turn

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

| | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Entered course correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Maintained required speed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 9-3 hand position (Going Forward) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Controlled acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Steering control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Accelerator, steering coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Smooth acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Foot movement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Use of brakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Signaled intention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Checked mirror | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Turned head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of cones hit _____

Reaction time was adequate. ☐ YES ☐ NO

Vehicle remained under control at all time. ☐ YES ☐ NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. ☐ YES ☐ NO

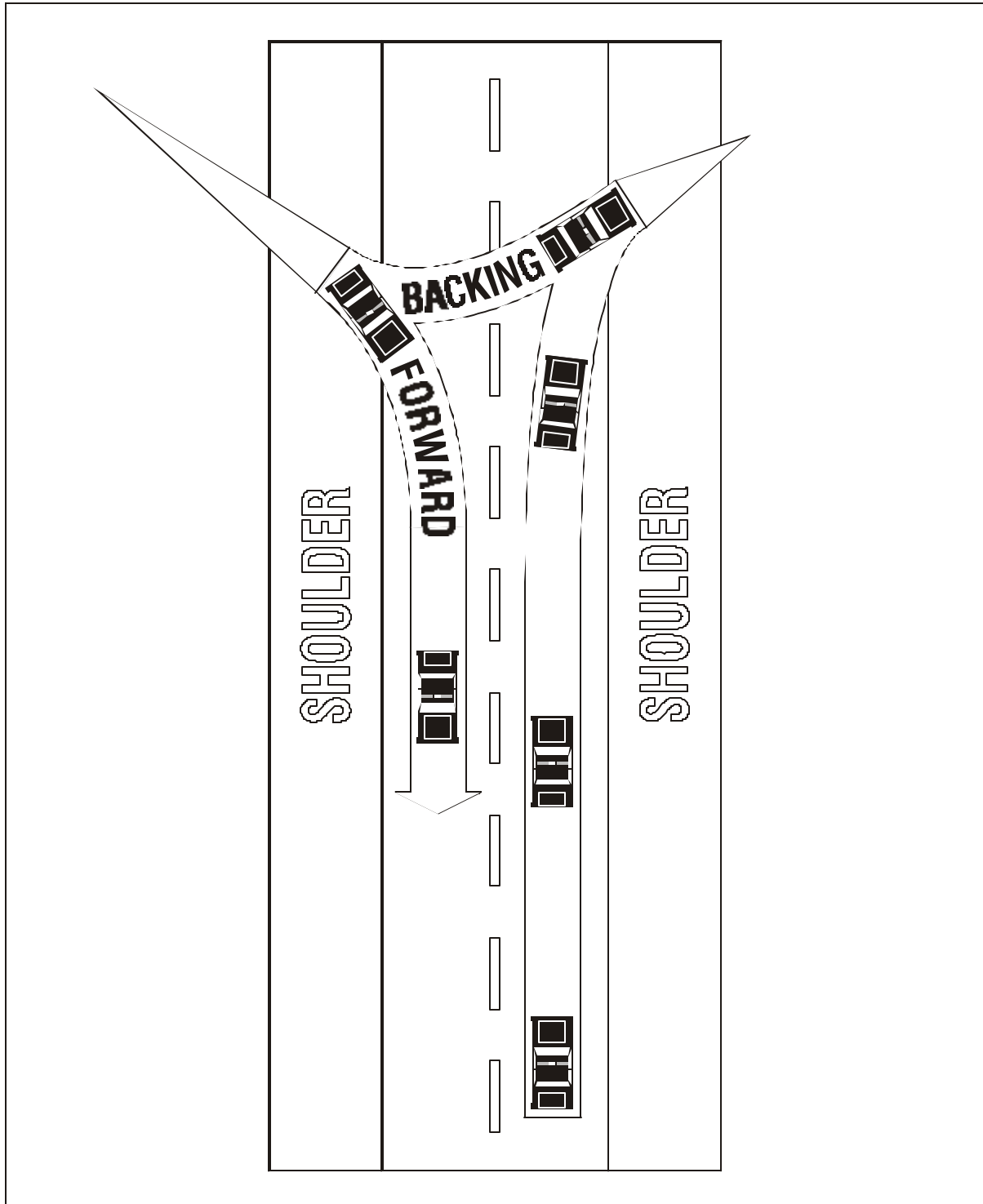
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

Y-Turn



Y-Turn

Purpose:

To develop the coordination of acceleration, turning, judgment of road width, and signaling.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Checks rear traffic and signals for a stop at least 100 feet in advance.
5. Brings vehicle to a stop at approximately a 15 degree angle from the center of the road.
6. Begins backing turning the wheel slowly for the first five feet.
7. Steers counter-clockwise until rear wheels barely hit the shoulder.
8. Moves forward into the right lane.
9. Completes in 13 to 18 seconds.
10. Negotiates the course smoothly.
11. Keeps steering movements constant and even.
12. Maintains 9-3 hand position.
13. Exits the course at the direction of the instructor.
14. Increases speed for subsequent practices at the direction of the instructor.

Y-Turn

Exercise Rating:

Student's Name _____ Date _____ Vehicle Make/Number _____

Practice No. _____ Qualification Attempt No. _____

| | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Entered course correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Maintained required speed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 9-3 hand position (Going Forward) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Controlled acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Steering control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Accelerator, steering coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Smooth acceleration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Foot movement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Use of brakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Signaled intention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Checked mirror | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Turned head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of cones hit _____

Reaction time was adequate. ☐ YES ☐ NO

Vehicle remained under control at all time. ☐ YES ☐ NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. ☐ YES ☐ NO

General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____